



LAPSED PHARMACY TECHNICIAN REGISTRATION APPLICATION

Pharmacy Technicians whose registration lapsed within the last year are required to submit the following along with this application:

Include with your application:

- Check or money order (no cash) in the amount of **\$31.00 (non-refundable) payable to LLR-Board of Pharmacy**.
A return check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds.
- Copy of your valid Driver’s License, State Issued ID, Passport or Military ID
- Copy of your Social Security card
- Notarized verification of lawful presence
- Ten (10) hours of continuing education (CE) certificates. You may submit CE hours from the past year.
- Complete all personal information (Submit legal documentation for any name changes)
- **If you are a State Certified Pharmacy Technician, you must attach a copy of your current national pharmacy technician certificate for PTCB or ExCPT.**

For Board Use Only	
Reg. No.	
Check No.	
Issued	
Amount paid	

LICENSEE INFORMATION

REGISTRATION NUMBER: _____

Last Name/Suffix: _____ First: _____ Middle: _____

Since you were licensed, have you legally changed your name? Yes No Maiden Name: _____
 If yes, please submit legal documentation supporting the change. (Marriage certificate, divorce decree, etc.)

Home Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____
 (If different than above)

Phone No.: _____ Fax No.: _____

Email: _____

CONTINUING EDUCATION

1. Did you receive your registration to practice as a Pharmacy Technician in South Carolina for the first time within the last year? Yes No

If “Yes”, you are exempt for the CE requirement for this renewal period.

2. Have you completed at least **10 CE hours**? Yes No

NABP E-Profile ID Number (IMPORTANT)

You must have a NABP e-profile ID for the NABP CPE Monitor Service with NABP (National Association of Board of Pharmacy). The e-profile ID will be used to conduct CE audits. To create an e-profile ID, go to www.nabpharmacy. Click on "Programs", select "CPE Monitor" and follow the instructions on how to create the NABP e-Profile ID.

E-Profile Number: _____

Activity Status: (Check one only)

01 Currently practicing 02 Not currently practicing 08 Retired 18 Out-of-State

CURRENT EMPLOYMENT INFORMATION (Primary Employer)

Name of Pharmacy or Employer: _____ Permit No.: _____

Address: _____
Street (PO Box not accepted) City State Zip + 4

Hours/Week: _____ Phone No.: _____

Practice Setting: (Check one only)

- | | | |
|------------------------------------------------------------|---------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> 01 Independent Community Pharmacy | <input type="checkbox"/> 02 Small Chain | <input type="checkbox"/> 03 Large Chain |
| <input type="checkbox"/> 04 Medical Bldg./Clinic Pharmacy | <input type="checkbox"/> 07 College of Pharmacy | <input type="checkbox"/> 11 Private Hospital |
| <input type="checkbox"/> 12 Nursing Home | <input type="checkbox"/> 22 Government Hospital | <input type="checkbox"/> 48 Other Government |
| <input type="checkbox"/> 53 Pharmacy Wholesaler | <input type="checkbox"/> 54 Pharmacy Manufacturer | <input type="checkbox"/> 71 Other |

Form of Practice: (Check one only)

- 05 Staff Pharmacy Technician 06 Faculty College of Pharmacy 42 Other

List all other states in which you have ever been registered as a pharmacy technician and the status: (Active/Inactive/Revoked)

State: _____ State: _____

License No.: _____ License No.: _____

Status: _____ Status: _____

SECONDARY EMPLOYMENT LOCATION

Name of Pharmacy or Employer: _____ Permit No.: _____

Address: _____
Street (PO Box not accepted) City State Zip + 4

County: _____ Practice Setting: _____ Hours/Week: _____ Phone No.: _____
(See choices above)

THIRD EMPLOYMENT LOCATION

Name of Pharmacy or Employer: _____ Permit No.: _____

Address: _____
Street (PO Box not accepted) City State Zip + 4

County: _____ Practice Setting: _____ Hours/Week: _____ Phone No.: _____
(See choices above)

STATE CERTIFICATION

- 1. Are you state certified? Yes No
 - If yes, were you grandfathered? Yes No
- If state certified, did you complete an ASHP accredited formal academic pharmacy technician training program provided by your employer? Yes No

Please provide information about the pharmacy technician training program you completed:

Name of School/Program: _____

Degree: _____ Month/Year Graduated: _____

If your National Pharmacy Technician Certificate (PTCB) has expired, you must mail a copy of your current certificate.

The ExCPT certificate is accepted by the Board as part of the state certification requirements.

PERSONAL HISTORY QUESTIONS

If you answer Yes to any of the below questions, please attach a detailed written explanation along with any supporting documentation.

- 1. Is your ability to practice as a pharmacy technician currently impaired by any physical, emotional or mental condition or illness or alcohol or substance abuse or addiction to the extent that it might interfere with your ability to safely perform the essential functions of the practice of pharmacy? *(If you have voluntarily enrolled in the Recovering Professionals Program (RPP) and have remained in full compliance with RPP, you may answer “no” as to any alcohol or substance abuse/addiction).* Yes No
- 2. Since your last renewal (or if this is your first renewal since your initial license application), have you had a professional license revoked, suspended, reprimanded, restricted, placed on probation or have you otherwise been disciplined by any professional or occupational licensing board or entity, or have you voluntarily surrendered a professional license while under investigation for misconduct? Yes No
- 3. Since your last renewal (or if this is your first renewal, since your initial registration application), have you been convicted, pled guilty or nolo contendere to a felony of any kind or to a non-felony crime involving drugs, fraud, dishonesty or other moral turpitude? Yes No
- 4. Since your last renewal (or if this is your first renewal, since your initial registration application), has there been any change in the status of your lawful presence in the United States? Yes No

ATTESTATION

I HEREBY swear/affirm I have read all questions on this Lapsed renewal application and have answered truthfully, accurately and completely. I hereby acknowledge that failure to answer these questions truthfully, accurately and completely shall constitute cause for the initiation of disciplinary action against my South Carolina licensure.

Signature: _____ Date: _____

PRIVACY NOTICE

South Carolina law requires the agency to collect personal information which is only disseminated as required by law. The South Carolina Freedom of Information Act ensures that the public has a right to access appropriate records and information possessed by a government agency. Therefore, some personal information on your renewal application and other documents on file may be subject to public scrutiny or release. The Department collects and disseminates personal information in compliance with The South Carolina Freedom of Information Act, the South Carolina Family Privacy Protection Act and other applicable privacy laws and regulations. Additionally, the Department shares certain information on the application with other governmental agencies for various governmental purposes, including research and statistical purposes.

CONTINUING EDUCATION

- Ten hours of ACPE (www.acpe-accredit.org) or CME category-1 continuing education are required each license year for renewal. CE must be taken **before** renewing a registration each year.
- Technicians may take CE that is designated for pharmacists (P) or technicians (T).
- Hours completed in excess of requirements may be carried forward in the next registration year but may not be carried forward for more than one registration year.

INSTRUCTION SHEET FOR COMPLETING AFFIDAVIT OF ELIGIBILITY

CHECK box 1:

If you are a United States Citizen by birth or naturalization

CHECK box 2:

If you are a Legal Permanent Resident and you are not a U.S. Citizen, but are residing in the U.S. under legally recognized and lawfully recorded permanent residence as an immigrant.

PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

CHECK box 3:

If you are a Qualified Alien. You are a Qualified Alien if you are:

An alien who is lawfully admitted for residence under the INA.

An alien who is granted asylum under Section 208 of the INA.

A refugee who is admitted to the United States under Section 207 of the INA.

An alien who is paroled into the United States under Section 212(d)(5) of the INA for a period of at least 1 year.

An alien whose deportation is being withheld under Section 243(h) of the INA (as in effect prior to April 1, 1997) or whose removal has been withheld under Section 241(b)(3).

An alien who is granted conditional entry pursuant to Section 203(a)(7) of the INA as in effect prior to April 1, 1980.

An alien who is a Cuban/Haitian Entrant as defined by Section 501(e) of the Refugee Education Assistance Act of 1980.

An alien who has been battered or subjected to extreme cruelty, or whose child or parent has been battered or subject to extreme cruelty.

PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

ACCEPTED IMMIGRATION DOCUMENTS:

Unexpired Reentry Permit (I-327)

Permanent Resident Card or Alien Registration Receipt Card With Photograph (I-551)

Unexpired Refugee Travel Document (I-571)

Unexpired Employment Authorization Card Which Contains a Photograph (I-766)

Machine Readable Immigrant Visa (with Temporary I-551 Language)

Temporary I-551 Stamp (on passport or I-94)

I-94 (Arrival/Departure Record) in Unexpired Foreign Passport

I-20 (Certificate of Eligibility for Nonimmigrant, F-1, Student Status)

DS2019 (Certificate of Eligibility for Exchange Visitor, J-1, Status)



STATE OF SOUTH CAROLINA
DEPARTMENT OF LABOR, LICENSING AND REGULATION
VERIFICATION OF LAWFUL PRESENCE IN THE UNITED STATES
AFFIDAVIT OF ELIGIBILITY



Pursuant to Section 8-29-10, *et seq.* of the South Carolina Code of Laws (1976, as amended), the Department of Labor, Licensing and Regulation must verify that any person who applies for a South Carolina license is lawfully present in the United States. Complete and sign this affidavit of eligibility. The information provided is subject to verification.

Section A: LAWFUL PRESENCE in the United States.

The undersigned _____, of _____
(Print clearly First, Middle, and Last name) (Home Address, City, State, and Zip Code)
being first duly sworn deposes and states as follows:

Check only one box:

1. I am a United States citizen; or

2. I am a Legal Permanent Resident of the United States eighteen years of age or older; or

3. I am a Qualified Alien or non-immigrant under the Federal Immigration and Nationality Act, Public Law 82-414, eighteen years of age or older, and lawfully present in the United States.

4. Other: _____ Please submit any documentation that supports this status.

Date of Birth: _____

Alien Number: _____ I-94 Number: _____

(If you checked number 2, 3, or 4 you must attach a copy of your immigration documents. See instruction sheet for a list of accepted immigration documents.)

Section B: ATTESTATION.

I understand that in accordance with section 8-29-10 of the South Carolina Code of Laws, a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall, in addition to other sanctions imposed by this State or the United States, be guilty of a felony, and upon conviction must be fined and/or imprisoned for not more than 5 years (or both).

I understand that the representations made in this Affidavit shall apply through any license(s) or renewals issued, and that I shall have an affirmative duty to immediately advise the Department of Labor, Licensing and Regulation of any change of my immigration or citizenship status.

I swear and attest the information contained herein is true and correct to the best of my knowledge. I understand that under South Carolina law, providing false information is grounds for denial, suspension, or revocation of a license, certificate, registration or permit.

Signature of Affiant

SWORN to before me this _____ day of _____, 20____

Notary Signature

Print Name

Notary Public for _____

My Commission Expires: _____